

El Paso Animal Services Spay/Neuter Clinic

Date : _____ # _____

OWNER INFORMATION

NAME: _____
PHONE: _____ ALT. PHONE: _____
ADDRESS: _____
E-MAIL: _____
Have you been with us before? _____ If not, how did you hear about us? _____

PET'S INFORMATION

NAME: _____ BREED: _____ COLOR: _____ AGE: _____
years/months
☐ Dog ☐ Cat ☐ Rabies ☐ FeLV ☐ Heartworm Test
☐ Male ☐ Female ☐ Health Concerns ☐ Bordetella ☐ FeLV/FIV Test
☐ Spayed ☐ Neutered ☐ FVRCP ☐ DA2PPV ☐

SERVICES REQUESTED

☐ Spay ☐ Neuter ☐ Registration ☐ Microchip ☐ Vaccination

ACKNOWLEDGEMENTS

The charges have been explained to me and I agree to these services being preformed at El Paso Animal Services Spay/Neuter Clinic as stated. I expect you to use all reasonable precautions against injury, escape, or death of my pet but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. I am aware that you are not a 24-hour care facility. I understand that anesthesia and surgery always carry with them the risks of infection or death which are increased if my pet is ill or not vaccinated.

☒ Signature of Legal Owner or Authorized Person

OFFICE VISIT

Neuter	\$
Spay	\$
Microchip	\$
Vaccinations	\$
Registration	\$
Total	\$

☐ An X indicates that
S:No problem reported
O:Physical Exam
A:Healthy fit/for surgery
P:Spay/Neuter/Vaccine
☐ Spay: Ventral midline incision
☐ Neuter: Scrotal incision
☐ Neuter: Pre-Scrotal incision
☐

NOTES

Weight: _____ Temp: _____ Time: _____

Ketamine: _____
Ketamine/Xylazine: _____
Amoxicillin: _____
Pen G: _____
DexametHasone: _____

Veterinarian Signature _____

